

IF YOU WANT TO KNOW MORE

Preventive Services



Medicare is a health insurance program for:

- People age 65 or older
- People under age 65 with certain disabilities
- People of all ages with End-Stage Renal Disease (permanent kidney failure)

MEDICARE-COVERED PREVENTIVE SERVICES

Basics

Medicare pays for many preventive services to help keep you healthy. Preventive services can find health problems early when treatment works best and can keep you from getting certain diseases or illnesses. Preventive services include exams, lab tests, screenings, shots, and monitoring and information to help you take care of your health. These preventive services are covered by all Medicare health plans, but the amount you pay may vary.

“Welcome to Medicare” Physical Exam

Medicare will help pay for a one-time initial physical exam including:

- height and weight,
- blood pressure,
- electrocardiogram,
- education and counseling, and
- referrals for other services.

How Often is it Covered?

Once within the first 6 months you have Part B.

Who is Covered?

All people whose Medicare Part B begins on or after January 1, 2005.

Costs in the Original Medicare Plan?

After the yearly Part B deductible (\$110 for 2005), 20% of the Medicare-approved amount.

Cardiovascular Screening

Medicare covers cardiovascular screenings that check your cholesterol and other blood fat (lipid) levels. High cholesterol can increase your risk for heart disease and stroke.

How Often is it Covered?

Every 5 years.

Who is Covered?

All people with Medicare.

Costs in the Original Medicare Plan?

Nothing.

Diabetes Screening

Medicare covers a screening blood sugar test to check for diabetes. When you have diabetes, your body doesn't make enough insulin or has a reduced response to insulin, which causes your blood sugar to be too high.

How Often is it Covered?

Up to twice a year.

Who is Covered?

People with Medicare who have high blood pressure, abnormal cholesterol and triglyceride levels, obesity, a history of high blood sugar, or two or more of the following characteristics:

- age 65 or older,
- overweight,
- family history of diabetes, or
- history of diabetes during pregnancy or delivering a baby over 9 pounds.

Costs in the Original Medicare Plan?

Nothing for screening tests. For certain diabetes supplies and self-management training for people with diabetes, 20% of the Medicare-approved amount after the yearly Part B deductible.



OTHER MEDICARE-COVERED PREVENTIVE SERVICES

Bone Mass Measurements

Medicare covers bone mass measurements to determine if you are at risk for broken bones because of osteoporosis.

How Often is it Covered?

Once every 24 months (more often if medically necessary).

Who is Covered?

All people with Medicare who are at risk. Your risk for osteoporosis increases if you:

- are a woman age 50 or older,

- have a personal history or family history of broken bones,
- are White or Asian,
- are small-boned or have low body weight,
- have a low-calcium diet, or
- smoke or drink a lot.

Costs in the Original Medicare Plan?

After the yearly Part B deductible, 20% of the Medicare-approved amount.

Breast Cancer Screening Mammograms

Medicare covers screening mammograms and digital technologies for screening mammograms to check for breast cancer. Every woman is at risk for breast cancer, and the risk increases with age.

How Often is it Covered?

Once every 12 months.

Who is Covered?

All women with Medicare age 40 and older. Also one baseline mammogram for women with Medicare between ages 35 and 39.

Costs in the Original Medicare Plan?

20% of the Medicare-approved amount (no Part B deductible).

Cervical and Vaginal Cancer Screening

Medicare covers Pap tests and pelvic exams to check for cervical and vaginal cancers. A breast exam to check for breast cancer is covered along with the pelvic exam.

How Often is it Covered?

Once every 24 months (every 12 months for women at high risk).

Who is Covered?

All women with Medicare.

Costs in the Original Medicare Plan?

Nothing for the Pap lab test. For Pap test collection and pelvic and breast exams, 20% of the Medicare-approved amount (no Part B deductible).

Colorectal Cancer Screening

Medicare covers colorectal screening tests to help find pre-cancerous growths so they can be removed before they turn into cancer.

How Often is it Covered?

- Fecal occult blood test, every 12 months
- Flexible sigmoidoscopy, every 48 months
- Screening colonoscopy, every 24 months (if high risk) or every 10 years, in most cases
- Barium enema, every 24 months (if high risk) or every 48 months

Who is Covered?

All people with Medicare age 50 and older (no minimum age for a screening colonoscopy).

Costs in the Original Medicare Plan?

Nothing for the fecal occult blood test. For other tests,

20% of the Medicare-approved amount after the yearly Part B deductible (25% if a flexible sigmoidoscopy or colonoscopy is done in a hospital outpatient department).

Glaucoma Screening

Medicare covers tests for glaucoma, a disease caused by high pressure in the eye that can cause you to gradually lose sight without warning and often without symptoms.

How Often is it Covered?

Once every 12 months.

Who is Covered?

People with Medicare at high risk for glaucoma. Your risk for glaucoma increases if you have diabetes, have a family history of glaucoma, or are African American and age 50 or older.

Costs in the Original Medicare Plan?

20% of the Medicare-approved amount after the yearly Part B deductible.

Prostate Cancer Screening

Medicare covers tests to detect prostate cancer so it can be treated early, including testing the amount of PSA (Prostate Specific Antigen) in your blood and rectal exams.

How Often is it Covered?

- Digital rectal exam, every 12 months
- PSA test, every 12 months

Who is Covered?

All men with Medicare over age 50 (coverage begins the day after you turn 50).

Costs in the Original Medicare Plan?

Generally, 20% of the Medicare-approved amount for the digital rectal exam after the yearly Part B deductible. No coinsurance and no Part B deductible for the PSA test.

Flu, Pneumococcal, and Hepatitis B Shots

Flu, pneumococcal infections, and Hepatitis B can be life threatening to an older person.

Flu Shot

Covered once a flu season for all people with Medicare; you pay nothing in the Original Medicare Plan.

Pneumococcal Shot

One shot may be all you will ever need. All people with Medicare are covered and you pay nothing in the Original Medicare Plan.

Hepatitis B Shots

Covered for people with Medicare at risk for Hepatitis B. Three shots are needed for complete protection—check with your doctor. 20% of the Medicare-approved amount after the yearly Part B deductible in the Original Medicare Plan.